

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. _____
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

Angel Americas, LLC :
:
Application for a certificate of :
prepaid calling service provider authority :
in all of the :
State of Illinois. :

13-0493

APPLICATION TO OBTAIN A
“CERTIFICATE OF PREPAID CALLING SERVICE PROVIDER AUTHORITY”
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name (including d/b/a, if any)
Angel America's, LLC

FEIN # 20-8265345

Address: Street 1250 Broadway, 25th Floor

City New York State/Zip NY, 10001

Please complete the following with respect to the Applicant and Underlying Carrier:

2. Please provide the Applicant's toll-free customer service number.

(800) 720-1440

3. In what area or areas of the state does the Applicant propose to provide service?

ALL

4. Please attach a sheet designating contact persons to work with Illinois Commerce Commission Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer service complaint resolution
- d) technical and service quality issues and compliance with service quality standards and remedies
- e) "tariff" and pricing issues
- f) security/law enforcement

CHIEF CLERK'S OFFICE
2013 AUG 30 1 A 10:47
ILLINOIS COMMERCE COMMISSION

4. Contact persons to work with Illinois Commerce Commission Staff on the following:

a) Issues related to processing this application

Thomas M. Lynch
Regulatory Counsel
700 Melvin Ave, Suite 1
Annapolis, MD 21401
Phone: 410-929-2912
Fax: 443-926-0574
tlynch@telecomlawyers.com

b) consumer issues, c) customer service complaint resolution,

Inara Terrero
Customer Relations
1250 Broadway
New York, NY 10001
Phone: 212-660-2820
Fax: 212-931-8693
Inara.Terrero@stiprepaid.com

d) technical and service quality issues and compliance with service quality standards and remedies,
and e) security/law enforcement

Tillman Zschucke
CTO
1250 Broadway
New York, NY 10001
Phone: 212-660-2757
Fax: 212-931-8693
tz@stiprepaid.com

f) "tariff" and pricing issues,

Jenni Partridge
Senior Tax and Regulatory Analyst
1250 Broadway
New York, NY 10001
Phone: 212-660-2724
Fax: 212-931-8693
Jenni.Partridge@stiprepaid.com

13. List officers or principals of Applicant.

Roland Bopp _____

Tillman Zschucke _____

Marcel Schuster _____

14. Does any officer or principals of Applicant have an ownership or other interest in any other entity, which has provided or is currently providing telecommunications services? YES NO

If YES, list entity. Angel Telecom (USA) Inc., Marcatel Telecommunications LLC

15. How does Applicant propose to handle service complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Customers contact the customer complaint department by calling the complaint line. If the customer complaint department is unable to help with connectivity, technical assistance is brought in. There is not currently a designated time or method by which the customer is told to seek assistance from the Commission.

16. Does Applicant currently maintain service quality standards?

YES NO

If YES, please attach what those standards are, any credits that may be issued for failures and how customers are notified.

17. Will personnel be available at Applicant's business office during regular working hours to respond to customer inquiries about service or billing? YES NO

18. What telephone number(s) would a customer use to contact your company (other than the toll-free customer service number provided in response to question 1)?

(212) 660-2820

19. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

YES NO

FINANCIAL

20. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

TECHNICAL

21. Does Applicant utilize its own equipment and/or facilities? YES NO

If YES, please list the equipment and / or facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which underlying carrier's facilities does the Applicant intend to use?

Marcatel Communications, LLC; Angel Telecom (USA), Inc. and others.

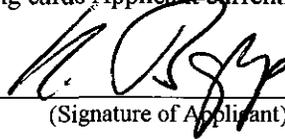
22. Please describe the nature of prepaid service to be provided (e.g., general service, location specific service, discounted rates for specific countries, etc.).

General services

23. Will technical personnel be available at all times to assist customers with service problems?

X YES NO

24. Please attach a copy of the front and back of any prepaid calling cards Applicant currently sells.



(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Maryland)
County of Anne Arundel)ss

Roland Bopp makes oath and says that he is CEO
(Insert here the name of affiant) (Insert the official title of the affiant)

of Angel Americas LLC
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/
(Title of person authorized to administer oaths)

in the State and County above named, this 28th day of August, 2015.


(Signature of person authorized to administer oath)